

SICC MEETING MINUTES

Truman Building, Room 500

January 28, 2005

Members Present

Valeri Lane

Gretchen Schmitz

Darin Preis

Sue Allen

Joan Harter

Leslie Elpers

Lisa Robbins

Margaret Franklin

Sherl Taylor

Melodie Friedebach

Kathy Fuger

Elizabeth Spaugh

Sharon Hailey

Members Not Present

Pamela Byars

Ronald Roberts

Paula Nickelson

Other Staff Present

Joyce Jackman

Alycia Haug

Dale Carlson

Mary Corey

Amanda Wogan

Debby Parsons

Bill Connelly

Margaret Strecker

To review copies of handouts mentioned in the minutes below, go to the following website:

<http://dese.mo.gov/divspeced/FirstSteps/SICCmtgdates.htm> and click on "Handouts" for the meeting you are interested in.

Call to Order, Welcome, and Introductions – Elizabeth Spaugh called the meeting to order at 8:50 a.m. Introductions were made.

Approval of SICC Minutes – Melodie Friedebach made a motion to approve the minutes. Darin Pries seconded the motion. Motion passed.

Bylaws to Review as Second Read – Joan Harter suggested adding a statement that the SICC has the right to make exceptions regarding attendance when circumstances are beyond the council member's control. Valeri Lane indicated that it is hard for a parent to have an alternate. Sharon Hailey indicated that Melodie Friedebach suggested in the past creating a procedure to further explain some items in the bylaws. There can be extenuating circumstances for agency members also, Sharon indicated. Valeri felt that with the use of an alternate the way the bylaws read worked for most of the Council, but maybe not parents. Kathy Fuger agreed with Sharon regarding agency people having extenuating circumstances. Lisa Robbins made a motion not to approve the bylaws. Kathy seconded. This issue was addressed in the current bylaws, but it was decided to remove it. The SICC wants people who can be here and if a person's position makes them highly unavailable, then maybe they should be taken off and another added. Darin Preis and Leslie Elpers agree with the revised bylaws as they read. Parents have more trouble without having an alternate and having a child with special needs. Leslie asked if there was a parent close by that could be used as an alternate. Valeri indicated that it would not be that easy. Sue Allen mentioned that the alternates usually attend the SICC meeting anyhow, but not many parents attend the meeting without being on the Council. Kathy thought the issue is greater with parents, but still an issue for agencies. The changing of dates can be an issue, but this does not happen often. Melodie indicated that an executive committee of the SICC could deem whether or not removal from the SICC was necessary. This will work depending on how strict the executive committee is when evaluating attendance. A vote was taken. Melodie Friedebach abstained. Two opposed. Motion passed. Darin Preis moved to pass the bylaws with an amendment regarding the executive committee. The bylaws would now read: The SICC executive committee will monitor attendance and may consider the recommendation of termination to the Governor for Council

members who have two consecutive absences or a total of three absences in the same calendar year. A vote was taken. Sherl Taylor abstained. None opposed. Motion passed.

Annual Performance Report (APR) – DESE must submit the APR to the Office of Special Education Programs (OSEP) in March. The APR contains a page which must be signed by the SICC co-chairs stating agreement with the report. Does the Council want a small committee or the entire SICC to review the APR? This report is due to OSEP on March 31, 2005, and SICC meeting is on March 11, 2005. Sharon Hailey suggested that all members of the Council receive the document via e-mail, but any suggestions should be sent to a small group of the Council that will work with DESE on any revisions the Council feels need to be made. DESE will send a draft to the entire SICC on March 1, 2005. A subcommittee (Elizabeth Spaugh, Leslie Elpers, Joan Harter, Valeri Lane, and Sue Allen) of the SICC will meet with DESE on March 10, 2005, to discuss any changes. The next SICC meeting will take place on March 11, 2005, and a discussion regarding the approval of the APR will take place at that meeting.

Discussion on First Steps Funding for FY06 – Interesting news has surfaced in the past few days so the agenda is being shuffled to allow Melodie Friedebach time to update the Council. The facts are as follows: the Governor's budget did not allow any money for First Steps for 2005-2006. The First Steps budget request is \$27 million, of which \$7 million is from the Federal grant and approximately \$3 million in Medicaid receipts. The chairperson of the House Appropriation committee is Representative Fares. A list of appropriation committee members is available for anyone interested in receiving a copy. The supplemental requests (one for First Steps and one for EPA) appear to be heading for approval with a supplemental hearing scheduled for Monday. Supplemental requests are processed as one large state-wide bill covering supplemental requests from all state agencies and the Office of Administration (OA) will handle it for all departments. The proposed FY 2006 budget for DESE exceeds \$4 billion and will not likely be approved until the May timeframe.

It appears that the Governor is defunding the First Steps program for FY06 by leaving only enough state funds in the First Steps appropriation to pay outstanding FY05 costs in FY06. The Governor made reference to adding \$5 million to Parents as Teachers (PAT), indicating that PAT with increased funding could still accommodate early intervention services. This likely indicates that the new administration staff may not fully understand the differences between PAT and First Steps. The on-line version of the Governor's proposed budget indicated a separate line item for the First Steps "Fund". This led to confusion on the part of many since this line item did not show a DESE request for funding in FY 2004 or FY 2006. The explanation for this is as follows: The actual funding request for First Steps is buried in the total budget summary line for Special Education. The budget line for the First Steps "Fund" goes back to the prior years proposed legislation to implement family cost participation and private insurance recovery for the First Steps system. The First Steps "Fund" was created in this legislation, but the source of funds to go into this fund (family fees and insurance recovery) was not approved. Therefore, the FY 05 First Steps system was partially funded from this fund that had no mechanism to place funds into it. What appears on the budget summary relates only to this "Fund". It was not in existence in FY04, therefore no funding could have been requested and for FY06, no request was made because there was no chance that funds would be available. This line ONLY refers to the "Fund" and not the First Steps system appropriations request. At this point, there have not been any bills introduced relating to First Steps. There are many organized advocacy groups in the state that may become involved in the First Steps issue. First Steps is not a statutory program, but rather was created by the executive order of then Governor Ashcroft. There is a tentative public hearing schedule for February 2, 2005, at 8:45. Melodie will provide a sheet with house and senate hearings and web addresses.

Now is the time for people to tell their representatives and legislators how they feel about First Steps. Sue Allen spoke at a public hearing that took place last week. Non-state employees have the opportunity to make their voices heard. Individuals under contracted by the state must be very careful in how they advocate for First Steps during work time (letterhead or work e-mail). DESE can provide the SICC with actual data and facts, as requested. At this time, educating and informing the public, representatives, and legislators is important. A suggestion was made that the Council could send out packets of information (brochure, First Steps fact sheet, parent survey) to all senators regarding for First Steps. Fact sheet drafts have been prepared by staff. Melodie

will discuss this possibility with the Commissioner. The ECSE Coalition could be utilized. Darin Preis created a draft letter he will send out to the SICC members.

Valeri Lane indicated it would be a good idea for a delegation from the SICC to go to the Governor to see why the program was cut. Valeri and Elizabeth will create a letter and send it to the SICC for review, then send it to the Governor's office requesting a meeting with the Governor and a delegation from the SICC. Melodie indicated that the letter the SICC sends could be copied to other agencies that might not be aware of the situation.

Sue Allen knows a legislator that would be interested in serving on the Council. Melodie indicated that Sue should have that legislator contact the Governor's office and let them know they are interested. Joan Harter asked if the SICC could have more than one legislative representative. It is up to the Governor how many people are on the Council.

DESE applies for Federal Part C funding in March. When applying for this funding, DESE must assure OSEP that all federal regulations will be implemented. DESE can apply for federal funds, but at any point in time DESE can contact OSEP and withdrawal the request. This means the state would lose \$7.7 million of federal money, if the decision is made to not participate in the federal (entitlement) program.

Sharon Walsh, a national expert, was in attendance for another agenda item, but was asked if any other states have withdrawn from the Part C program. Sharon indicated that each year several states look into getting out of the Part C program. The most recent was Connecticut. At this point, no state has withdrawn from federal Part C. The state and national Council for Exceptional Children, Division of Early Childhood (DEC) may be a resource that can be utilized to educate policy makers concerning early intervention. Lisa Robbins indicated that she is working with a group trying to restart the DEC in Missouri and she will send the DEC information to the Council when she receives it.

General Supervision Framework – Margaret Strecker introduced Ron Benham and Sharon Walsh, consultants with the National Center for Special Education Accountability Monitoring (NCSEAM). Margaret gave a brief history regarding the stakeholder meeting and focused monitoring. Last year Debby Parsons and Pam Williams approached Alan Coulter (with NCSEAM) to see if they would be willing to help Missouri work toward a system of focused monitoring. NCSEAM already works with twenty-two states, some for just Part B or Part C and some for both. A coalition from NCSEAM came last summer to learn about our general supervision system and share information about focused monitoring. Alan's group came out again to work separately with Part C and Part B staff (Missouri is doing both Part B and Part C). After discussion, it was decided that Missouri needed to continue to strengthen its Part C general supervision system before moving forward with focused monitoring. A meeting with the stakeholders occurred yesterday with twenty-five people in attendance. There was no parent representation at the stakeholder meeting. Three parents were invited and one planned to attend, but at the last minutes was unable to attend. Those attending the meeting were asked for successes and challenges with First Steps. Common successes mentioned were: data system now is much stronger; leadership of SPOEs; good feedback on SPOE rebid; and a commitment to philosophy. Common challenges mentioned were: provider oversight, rural large areas, finding providers in general, and lack of consistency. The agenda included time to review the Federal expectations for general supervision responsibilities, learn about focused monitoring, and review Missouri First Steps' current system of general supervision. A general overview of the future direction for general supervision was also covered. At the end of the day, participants provided general feedback on focused monitoring, a brainstorming activity to solicit ideas related to provider monitoring and oversight. The group will plan to meet at least by early next fall, but may be pulled together sooner to continue contributing to discussions on details of the monitoring/general supervision system. OSEP has moved from a traditional compliance monitoring model to an emphasis on Continuous Improvement and Focused Monitoring System (CIFMS). General supervision involves many ways of collecting data and information on outcomes. Missouri's system involves a process of regularly reviewing and analyzing a variety of types of data to meet our compliance and overall general supervision responsibilities. DESE does not feel it will be difficult to monitor on-going service coordination, especially as the state moves to the new contractual arrangements. DESE is addressing monitoring/oversight of provider in a number of ways, but know that this is an area that needs to be

developed further. A handout was provided which outlined what Missouri is doing related to monitoring of service coordinators and providers. Requirements need to be clearly articulated to those DESE oversees. All areas of non-compliance need to be identified and corrected within one year. The Annual Performance Report (APR) is due to OSEP at the end of March and Missouri must also submit to OSEP a final progress report showing correction of previously identified non-compliance by June 6, 2005. (A handout "Missouri within OSEP's Continuous Improvement Process Part C" was passed around which described the different reports Missouri submits to OSEP.) DESE is trying to put as much in the APR as possible, so the final report will just be a summary. A handout was provided that shows the areas addressed on the APR and strategies for addressing each area. Missouri is continuing to follow-up on non-compliance and look at the new agencies to see how they are doing.

General Oversight of Providers and Stakeholder Report - Ron Brenham discussed general supervision themes as related to providers. These were done as a matter of brainstorming. Ron indicated he has seen a great deal of progress in Missouri's general supervision system since he was here six months ago. He encouraged DESE to publicize what is being done and not lose the momentum. General themes from discussion yesterday specific to providers: need of greater articulation of expectations; expecting a greater consistency with philosophy; need for consequences for those not meeting expectations (imposing sanctions results in a loss of providers and increases provider availability issues); expecting a reasonable level of documentation (progress and audit trail) from providers; more specific contract language; maximizing current entities regarding monitoring and accountability system existing with SPOEs or another avenue for accountability; clearer communication across the system; checks and balances through the system; and more required training.

Reauthorization - Sharon Walsh wanted to ditto Ron's comments on DESE's progress and the accountability pieces already in place. Regarding provider oversight, some sanctions are already in place causing some providers to no longer show up on the matrix. Sharon briefly covered the major pieces of reauthorization using two handouts, "Washington Update" and a PowerPoint presentation (these handouts were provided by IDEA Infant & Toddler Coordinators Association). Last December these changes were signed into law and will go into effect July 1, 2005, however, some Part B pieces go into effect immediately. A document will come out through the e-mail list from the Secretary of Education that will allow for public comment on the reauthorization. There will be a Federal register announcement (notice of proposed rule making) containing a draft set of regulations. There will be a required comment period lasting from sixty to seventy calendar days. The final publication will come out within a year. The "Washington Update" handout shows added language in bold and backup documentation (sometimes reasons) is shown in italics and bold. On page three, there was a suggestion regarding minimal criteria for eligibility, but this was not maintained in the final bill. Conferees are those from the house and senate that reviewed these changes. There are also themes for children at risk (homeless and wards of the state). Page five outlines a new option for birth to kindergarten in a seamless system. Each state has the option of participating in this option then, if the state participates, the parents also have the option to participate. The parents would receive a notice that, if they choose for their child to stay under an IFSP, all Part C rules apply and not the rules under an IEP. If a fee scale is in place for Part C, then it will still apply. There would be a new hybrid age 3-5 program along with the birth to three and the three to five programs, creating three programs. Fifteen percent of any increase over the allotment now will be divided among the participating states. If it is currently \$460 million and that goes up to \$470 million, then 15% of the \$10 million could be used for this program. If only one state participates, then they would not get the whole \$10 million. Page seven contains new language regarding CAPTA (child abuse law was reauthorized federally stating that all children birth to three who have been victims of child abuse are to be automatically referred to First Steps). This parallel language was put into IDEA, Part C. It is not a requirement that these children must be evaluated in all five areas. There are many Federal monitoring changes which are reflected on the PowerPoint slides starting on page seven. States will now have to do performance reports the year after legislation. The two major focus points are listed in the bottom right slide on page seven. However, the report language to this policy has been changed stating that there are some children that should not receive services in a natural environment and, if not, the team would make that decision and decide where the services should take place. It does not appear that the revised language about natural environments represents a real change in the intent of the law. Lisa Robbins indicated that the top twenty changes to Part B are listed at www.CEC.sped.org

and DEC is developing a version for Part C. DESE will provide a webstream available on personal computers next week going over the major changes to Part B.

Ron Brenham was asked how his state handles the Part C program. The challenge is that they do not have the fiscal concerns and issues that Missouri does. They are facing the same issues with shortages, but they are going to ask for more money. The average cost per child is \$3,000. Parents currently pay a fee, but this fee system just began in the last couple of years. The fee ranges from \$25-\$50 on an annual basis depending on income and Medicaid participants do not pay anything. Providers do not like the fee system. This year there is a four grade fee system on an annual basis. An insurance piece was proposed several times, but did not pass till the fifth year. In order to get it passed, a professional lobbyist was hired to push it the last two years. The state contracts with agencies to provide services, not independent providers. There are seven services types and a flat rate is paid across the state. The assumption of a travel fee is included in the flat rate per hour (rural areas have more travel time, but urban areas have other higher costs). The rate for home visits is around \$75-\$80 per hour.

Melodie indicated that provider oversight has been discussed, but not clearly defined. From the federal standpoint there are multiple ways to ensure oversight. States must make sure every part of the system is meeting the requirements of Part C regulations on the state and federal level. If problems are found, they must be fixed within a year. On-site monitoring is not a requirement. There is an issue of provider practice versus compliance and what is acceptable behavior. The federal government cares that the rules are followed, but quality falls under the state. It was suggested that DESE talk to the five to ten other states that have similar systems and to see how they handle provider oversight.

NECTAC Plan – Margaret Strecker presented the NECTAC Plan using two handouts (Missouri First Steps Improvement Plan summary and chart). Last year DESE, along with people from NECTAC, met with two committees: Continuous Improvement Committee (discussed cost of services versus quality of services), and Standard of Practice (discussed how you look at an IFSP and see if it is a quality document). The handouts used today came from the results of those meetings. The summary document lists the activities to be accomplished and what activity has happened on each item since the meeting. All of the activities listed have timelines. Regarding activity six, both Kathy Fuger and Lisa Robbins have asked to be on the Comprehensive System of Personnel Development (CSPD) committee. Kate Numerick needs to reconvene the CSPD committee and make sure Kathy and Lisa are on the committee list. There is a lot of information contained in these handouts, if anyone has any questions, please bring those back to the SICC meeting.

Comprehensive System of Personnel Development (CSPD) – Alycia Haug discussed a handout regarding the CSPD committee. Providers must obtain and maintain their professional requirements. DESE wants to ensure provider understand Part C regulations. There has been discussion about doing a provider survey to see what the field feels is needed in the way of training. Valeri Lane suggested asking the SPOEs and service coordinators what areas they feel the providers need training. It was indicated that some of the SPOEs have already done provider surveys and DESE could contact the SPOEs to see what feedback they received. As a technical assistance, the consultants will offer a spring 2005 NECTAC literature training. The handout included some current challenges: measuring the current state of quality practice, what trainings do providers need, and training for primary referral sources. Lisa Robbins raised a question on the initial professional licensure and training, due to a problem with providers needing to know how to work with children specifically.

St. Louis Provider Agency Issue – Sue Allen indicated that she recently became aware that a St. Louis provider agency created a second agency, which also contracts with First Steps. It appears that the new agency may have been created to do evaluations through the peer review process, allowing the other company to provide the on-going services. It was reported that a therapist was in a home providing services and was not sure which company she was representing. The Phase I SPOEs have developed the peer review process to create some control over the process between evaluation and services. The peer review was to remove the conflicts between performing the evaluations and providing the on-going services. This company probably has not broken any rules, but the ethical behavior should be taken into account. Sue indicated that she felt it would be good if the SICC had an opinion on the way providers practice.

Joyce Jackman indicated that DESE is aware of this issue and she had a lengthy conversation with the owner last week. DESE investigated to see if there is anything illegal about the practice, but there is not and DESE cannot do anything legally. A person is able (by law) to own as many different companies as they want. The owner did not like the peer review process, so a second company was created to perform evaluations. The company does not just work with First Steps, but works with school age children, adults, etc. During the phone conversation with owner, they were told they will not be able to have the same employees in each company. However, if all employees were kept separate, one company of just evaluators and another company with just on-going service providers, then one could evaluate and the other could provide the services. DESE can speculate as to why the company split into two companies, but it cannot be proved. Does any other system (for adults or school age children) require separate entities for performing evaluation and another to provide the on-going services? Not to anyone's knowledge. This issue falls back to the hand of the SPOE. The evaluator says the child needs a certain amount of services, but once the IFSP is finished and the evaluator is no longer there, then there should be a discussion regarding who will provide the on-going services. Service coordinators need to know what the evaluators are discussing with the families. If someone comes with an outside evaluation, the service coordinator should thank the family, but the service coordinator needs to go to the peer review team for their opinion. Valeri stated that she feels this puts a lot on the service coordinators, which do not really have authority over the providers. The only place the peer review team is in practice is the Phase I SPOE area, where the service coordinators are employees of the SPOE. Juli Hillyer indicated that this has been a big issue at her SPOE. In the beginning, the SPOE did not know these companies were under the same ownership. This came to the surface when providers and/or evaluators did not know which company they represented and faxed documents would show up at the wrong company. HIPPA violations have been filed. This company tried to circumvent the system, so what are the ramifications for this action? Peer reviewers were put in the Phase I SPOE contract to see if it would work before trying with the whole system. Kathy Fuger indicated that the SICC should be kept abreast of this issue, but no action should be taken at this time. It was mentioned that DESE needs to think about a different set up for providers. (Ron's state uses provider agencies and they do not have the same type of problems Missouri has with the providers defrauding the system and not buying into the philosophy). Valeri asked to have an update from either Joyce or the SPOE office regarding this issue at the March meeting.

Missouri Association for Rehabilitative Facilities (MARF) Meeting – Dale Carlson attended the MARF meeting in November, which included a presentation of an alternate method for First Steps including a legislative change for lead agency. Dale then presented in January to a subgroup of MARF for about an hour and a half. Dale included several issues in his presentation: where First Steps is, where First Steps is going, success First Steps has, and the costs of the system. At the end, there was also an active discussion with the group. Is another system better or just different? Many of the issues DESE has already addressed in the Phase I SPOE areas with the exception of the providers under the SPOE. The PowerPoint that was used was sent to MARF and they are posting it. They are interested in early childhood and he thought there was to be some proposed legislation, but he has not seen any. DESE gets weekly or biweekly updates on education legislation, but have not seen anything on the change of lead agency for First Steps. MARF provided a forum for MACDDS and SB40 Boards to state their case. The MACDDS proposal and Melodie's response is posted on the First Steps website. Each county can vote to have a SB40 Board and some belong the subgroup of MACDDS. Melodie has a summary of a study done on early intervention (NEILS study) and can send it out if anyone would like a copy.

Budget – Dale Carlson provided a revised copy of the final 2004 payout. A correction was made to the number of children served (8,071) and the cost per child (\$2,976). Handout A (SICC First Steps Monthly Expenditure/Revenue Report) reflected the receipt of some payments from Medicaid in November. The HIPPA regulations and procedures are now in place and Medicaid payments are starting to come in regularly. DESE was able to back bill through January 2004. Payments from Medicaid should be caught up within the next month or two. The bottom portion of handout "A" reflects expenditures. Handout B (SICC – First Steps Monthly Expenditures for Direct Services by SPOE) reports the amount expended for direct services by SPOE. This report reflects total the expenditures for direct services to date. The January expenditures are estimated to be far less than they have been. The \$5.15 million remaining for direct services will last approximately 2.86

months (March/April timeframe). First Steps is expending at the rate of approximately \$1.7 million per month. Approval of the supplemental appropriation request should supply full funding through June 30, 2005.

Interagency Agreement – Melodie Friedebach indicated that the interagency agreement with Department of Mental Health (DMH) is at DMH awaiting signature from their director. Service coordinators under DMH will have the same requirements as service coordinators under the SPOEs. DESE must have an interagency agreement with any agencies that provides or pays for a First Steps service. Melodie is unsure if DESE needs an interagency agreement or a memorandum of understanding with Department of Health. Does the Department of Health provide or pay for any services for First Steps? Other items such as child find and newborn hearing could be done under a memorandum of understanding. It was mentioned that if a child meets “Hope Service” requirements and needs a “Hope” provided service and is also in the First Steps program, then “Hope” is the payer first. According to this information, an interagency agreement would be a good idea. DESE needs to discuss this with Melinda Sanders at the Department of Health. Melodie indicated that last year it was decided that an interagency agreement was not needed.

No Provider Available (NPA) – Bill Connelly passed out a six page packet of information regarding No Provider Available (NPA). The second page shows active NPA authorizations for four service types each month. The third page breaks NPA out by occupational therapy (OT), physical therapy (PT), speech language pathology, and special instruction. Since this option is being used more, DESE is better able to measure the problem. The fourth page shows the total NPA authorizations. Kathy Fuger asked again to have the acronyms spelled out. The last page, “Description of Service by SPOE”, shows the specific NPA. The NPA data, along with other data, is used for the review process. Mary Corey indicated that all the efforts DESE has in place for provider recruitment and retention are based on the information collected through NPA. DESE is going to try and document what the plan is and get it out there so people know what DESE will do with it. DESE can look at the data and see where there is a problem, but the data is not entirely complete. The on-line training is hopefully helping with those in hospitals and school districts that could not travel to trainings to become providers. Hopefully, more providers will enroll into the system. Sharon Hailey indicated that a transdisciplinary approach was the original intent. The transdisciplinary approach is not supported by the payment system and needs a group of people to work together, which is hard with our provider system. Bill with post this information at the first of each month so the field can go out to the web and find it regularly. Melodie Friedebach indicated that provider oversight needs to be put back on the agenda for SICC discussion at the March meeting.

How long do you wait till you enter NPA? If you are waiting for a bunch of people to call back, do you need to wait till you hear back from all and, if so, how long do you wait to hear back. Guidance from DESE included the steps that are to be exhausted before entering NPA into the system.

Medicaid Discussion – Amy Kessel presented the Medicaid report, since Sherl Taylor had to leave the meeting early. Nine questions were posed to Medicaid in November. Based on the discussion, two of the questions required additional information from Medicaid. Below are the two remaining questions from the November 19, 2004, minutes. Following each question is Medicaid’s current response.

1. Previously, we asked if it was appropriate to seek Medicaid reimbursement for Demonstration/Coaching/Family Training for occupational therapy, physical therapy and speech/language pathology since building family capacity to deal with these children is a primary goal of the federal First Steps system. Your response was that Demonstration/Coaching/Family Training are considered medical services in the Medicaid State Plan. We understand this to mean that Medicaid will reimburse the First Steps system for:

- OT, PT and Speech Direct Services, and
- OT, PT and Speech Family Demonstration/Coaching/Family Training.

Is this a correct interpretation?

- o **Medicaid’s Response** – This is not considered a separately reimbursable item because it is considered an integral part of the therapy services. Melodie Friedebach indicated there needs to be further clarification and example for family training. If you are showing the parent the service while performing the service, that is billed under the service. Margaret Strecker is to work with the

consultants so they can clarify this during their trainings. It was asked for Margaret to send out this clarification of service definition without the additional pieces.

5. Why can't we reimburse providers for mileage and their drive time (e.g., through XIX funds or First Steps funds) when they drive to Natural Environments? The service that Medicaid is paying for is ONLY the service delivered in the family's home. The traditional responses that have been received to this question are: (1) when you accept Medicaid reimbursement for a service, you must accept that as payment in full; or (2) Medicaid has included a travel incentive within the natural environment rate structure.

Can one argue that Medicaid is paying for the intervention (therapy service/ demonstration/coaching), and that driving to the family home should be looked at as a "separate" service entirely, covered by additional reimbursement? To the extent this travel "service" can be allowed by Medicaid as necessary to perform the IFSP service in the natural environment, First Steps program costs would not be severely impacted. If mileage costs cannot be an eligible Medicaid cost and are paid with Part C funds, there could be a significant increase in the total cost of the First Steps system.

We understand the Medicaid travel reimbursement through NEMP (non-emergency medical transportation.). The Medicaid model is built on taking the patient to the services which differs from the federal early intervention model which basically requires First Steps to take the service to the child/family. How can we address this difference?

- o **Medicaid's Response** - Medicaid cannot pay additional for mileage because DESE accepts Medicaid payment as full for a Medicaid covered services. However, this was discussed with DESE and if DESE decides to add a separate service, it will not impact Medicaid's payment to DESE for First Steps services. Kathy Fuger indicated that she wanted a rural incentive, not another service. However, this does allow DESE to do it as another service. If DESE added a separate service, would Medicaid remove the natural environment incentive? No, that would be an issue with changing the rate. The natural environment incentive is not just a DESE rate, but it is used all over the state.

Assistive Technology – Issues regarding assistive technology were discussed at the November SICC meeting. The consultants will be discussing this issue in their meetings so they might be able to add input at the March SICC meeting. November's minutes indicated this would be updated at the March meeting.

LICC Updates

- The Dent county LICC is having trouble with membership and provider recruitment. The LICC is having an evening dinner and inviting any people they can think of that could provide First Steps services. They also have a resource list to make available to families.
- The Mineral area LICC will be having a meeting on March 8, 2005. They have had a problem with membership and are going to join with the St. Francis County LICC.
- The Franklin Gasconade LICC is meeting monthly and trying to build membership. They are focusing on getting resource networking, then possibly going into the community more. They are also trying to educate referral sources.
- The Pettis county LICC along with PAT, Early Head Start, and the SPOE office did a publicized free screening and used it as recruitment for all three organizations. This screening took place on a Tuesday through Saturday.

Leslie Elpers made a motion to adjourn the meeting. Sue Allen seconded the motion. Motion passed. Meeting adjourned at 3:00.